

From-IV  
See Rule -13  
Annual Report  
(Biomedical Waste Management rule-2016)

[To be submitted to the prescribed authority on or before 30th June every year for the period from January to December of the preceding year, by the occupier of health care facility (HCF) or bio-medical waste treatment facility CBMTF]]

Sl. No	Particulars	
1	Particulars of the occupiers (i) Name of the authorized person (occupier or operator of facility) (ii) Name of the HCF or CBMTF (iii) Address for Correspondence (iv) Address of Facility (v) Tel. No, Fax. No (vi) E-mail ID (vii) GPS coordinates of HCF or CBMTF (viii) Ownership of HCF or CBMTF (ix) Status of Authorization under the Bio-Medical waste Management and Handling ) Rules	Medical officer I/C CHC Godibardha PO. - Radhakrishnapur, Talukolay 06760-276440 godibardha@gmail.com (State Government or Private or Semi Govt. or any other) Authorization No valid up to
2	Type of health Care Facility (i) Bedded Hospital (ii) Non Bedded Hospital (Clinic or Blood Bank, Clinical Laboratory or Research Institute or Veterinary Hospital or any other) (iii) License number and its date of expiry	No. of beds 6 - -
3	Details of CBMTF (i) Number healthcare facilities covered by CBMTF (ii) No of beds covered by CBMTF (iii) Installed treatment and disposal capacity of CBMTF	
4	(iv) Quantity of Bio medical waste treated or disposed by CBMTF Quantity of waste generated or disposed in kg per annum (on monthly average basis)	Yearly 195 185 27 195 264 Monthly Yellow Category- 12 kg Red Category 18 kg White 2.25 kg Blue Category 17 kg General solid Waste 22 kg
5	Details of the storage, treatment, transportation, processing and disposal facility (i) Details of the on-site storage facility	Size: Capacity Provision of on-site storage / cold storage or any other provision

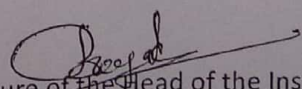
(ii) Disposal Facilities		Type of treatment equipment	No of units	Capacity Kg / Day	Quantity treated or disposed in Kg per annum
		Incinerators			
		Plasma			
		Pyrolysis			
		Autoclaves			
		Microwave			
		Hyroclave			
		Shredder			
		✓ Needle tip cutter or destroy	3		
		✓ Sharps encapsulation or concrete pit	1		
		✓ Deep burial pits:	3		
		Chemical disinfection:	-		
		Any other treatment equipments.			
(iii)Quantity of recyclable wastes sold to authorize recyclers after treatment in Kg per annum.		Red Category (Like plastics, glass, etc)			
(iv) No of vehicles used for collection and transportation of bio medical waste					
(v)Details of incineration ash and ETP sludge generated and disposed during the treatment of waste in Kg per annum.		Incineration Ash ETP Sludge	Quantity generated	Where disposed	
(vi)Name of the common Bio-Medical Waste Treatment Facility Operator through which					



	wastes are disposed of		
	(vii) List of members HCF not handed over bio-medical waste		
6	Do you have bio-medical waste management committee? If yes, attach minutes of the meetings held during the reporting period.	Yes	
7	Details training conducted on BVMW		
	(i) Number of training conducted on BVMW Management	01	
	(ii) Number of personnel trained	26	
	(iii) Number of personnel trained at the time of induction	26	
	(iv) Number of personnel not undergone any training so far	-	
	(v) Whether standard manual for training is available?	Yes	
	(vi) Any other information	-	
8	Details of the accident occurred during the year.	Nil	
	Number of Accidents occurred	0	
	Number of the persons affected	0	
	Remedial Action taken (Please attach details if any)	-	
	Any Fatality occurred, details.	-	
9.	Are you meeting the standards of air Pollution from the incinerator? How many times in last year could not met the standard?	-	
	Details of Continuous online emission monitoring systems installed	-	
10.	Liquid waste generated and treatment methods in place. How many times you have not met the standards in a year?	yes	
11.	Is the disinfection method or sterilization meeting the log 4 standards? How many times you have not met the standards in a year?	-	
12.	Any others relevant information		Air Pollution Control Devices attached with the Incinerator

Certified that the above report is for the periods from

January, 2016 to December, 2016.

  
 Name and Signature of the Head of the Institution  
 MEDICAL OFFICER IN-CHARGE  
 CHC GODIBANDHA  
 DIST-ANGUL

Date:- 30.6.2017

Place: CHC Godibandha

FORM-II  
(See Rule-10)  
ANNUAL REPORT

(To be submitted to the prescribed authority by 31<sup>st</sup> January every year)

1. Particulars of the applicant:
- (i) Name of the authorized person: Medical Officer In-Charge  
(Occupier/operator)
- (ii) Name of the institution: CHC Godikardha  
Address: At - Radharamanpur, Taluk  
Tel. No.: 06760-276440  
Telex No.: -  
Fax No.: -

2. Categories of waste generated:  
and quantity on a monthly  
average basis

Details attached in a  
separate sheet.

3. Brief details of the treatment  
facility

Chemical treatment

In case off-site facility

- i) Name of the operator: .....
- ii) Name and address of the: .....

Tel. No., Telex No., Fax No.: .....

4. Category-wise quantity of waste treated:

Details attached in a  
separate sheet.

5. Mode of treatment with details: Chemical treatment

6. Any other information:

Certified that the above report is for the period from 1.1.2016 to 31.12.2016

Date: 5/3/17

Place: CHC Godikardha

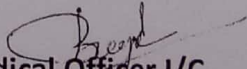
Signature: .....

Designation: M. Medical Officer In-Charge



## CATEGORY OF BIOMEDICAL WASTE GENERATION

Waste category	Type	Quantity Per month (in Kg)	Quantity Per Year (in Kg)
Cat-1	Human Anatomical Waste ( Human Tissues,Organs,Body Part)	12	145
Cat-4	Waste Sharps ( Niddle,Syringes,Blades,Glass etc)	2.25	27
Cat-6	Solid Waste ( Items Contaminated with blood and body fluids including cottn,dressing,soiled plasters casts,lines bedding other materials contaminated with blood)	16	185
Cat-7	Solid Waste ( Waste generated for disposal items other than the waste sharps such as tubings, catheters,Intravenous sets etc.	17	195
Cat-8	Liquid waste ( waste generated form laboratory and washing ,cleaning, house keeping and disinfecting activities.	60 L	720 L

  
 Medical Officer I/C  
 CHC Godibandha  
 Dist - Angul

# BIOMEDICAL WASTE TREATMENT DATA SHEET

## CATEGORY OF WASTE

## TREATMENT PROCEDURE

CAT - 1 .....

Disposal into Deep burial Pit

CAT - 4 .....

Disinfection by chemical treatment /  
Autoclaving, mutilation / shredding,  
Disposed in Sharp pit

CAT - 6 .....

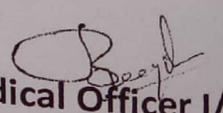
Disinfection by chemical treatment /  
Autoclaving,

CAT - 7 .....

Disinfection by chemical treatment /  
Autoclaving and mutilation

CAT - 8 .....

Chemical treatment and discharge  
into drain

  
Medical Officer I/C  
CHC Godibandha  
Dist - Angul